Immigration and Contract Problems Experienced by Foreign-Educated Nurses (FENs)

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Med Care Res Rev 1077558711432890, first published on February 6, 2012 doi:10.1177/1077558711432890. Available at: http://mcr.sagepub.com/content/early/2012/01/18/1077558711432890.full.pdf+html.

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Abstract: Over 8 percent of newly licensed registered nurses (RNs) in the United States were educated overseas, yet little is known about the conditions of their recruitment or the impact of that experience on health care practice. This study assessed whether the labor rights of foreign-educated nurses were at risk during the latest period of high international recruitment: 2003 to 2007. Using consensus-based standards contained in the *Voluntary Code of Ethical Conduct for the Recruitment of Foreign-Educated Health Professionals to the United State*, we found 50 percent of actively recruited FENs experienced a negative recruitment practice. We also found that nurses educated in low income countries and nurses with high contract breach fees, were significantly more likely to report such problems. If, as experts anticipate, the nursing shortage in the United States returns around 2014, oversight of international recruitment will become critically important to delivering high quality healthcare to Americans.

Introduction

While the right of health professionals to migrate is widely accepted, the active recruitment of foreign-educated nurses (FENs) and other health professionals has generated unease around the world.[1] The World Health Organization's *Global Code of Practice on the International Recruitment of Health Personnel* represents the culmination of this concern. It calls attention to the risks of health workforce brain drain in less developed nations and to the potential abuse of emigrating health personnel's labor rights (The World Health Organization, 2010). This study focuses on the less explored issues of whether and to what degree the rights of health professionals who migrate to the United States are violated during the migration process. Specifically, we examine the experiences of FENs who were actively recruited from 2003-2007, a period of severe nursing shortage in the United States.

For nearly 30 years, the United States has experienced a steady increase in foreign-educated registered nurse (RN) migration. According to the National Council of State Boards of Nursing (NCSBN), of all nurses taking the NCLEX Exam, in 1998 4.2% were foreign-educated. By 2007, that percentage had grown to 12.2% (NCSBN, 1998; NCSBN, 2007). In 2008, the National Sample Survey of Registered Nurses (NSSRN) reported that foreign-educated RNs made up 5.4 percent of the entire RN workforce, 5.6 percent of the employed nursing workforce, and 8.1 percent of RNs licensed since 2004 (US DHHS, 2010).

Foreign-educated nurses seek work in the United States in a variety of ways. Some enter the country as tourists or students and seek work once here. Others apply directly to job postings on the internet or in newspapers or use personal networks to find employment. However, many FENs are "actively recruited" abroad through job fairs and advertisements for placement and staffing agencies.

Three common models are used to actively recruit overseas: (1) staffing agencies that contract with FENs and "lease" their labor to employers; (2) placement agencies that receive a finder's fee from employers for each FEN employed; or (3) health care organizations (HCOs) that recruit directly. Between 2000 and 2007, the U.S.-based recruitment industry burgeoned from about 10 companies to almost 300 companies, excluding direct recruitment services offered by specific HCOs (Pittman, Folsom, & Bass, 2010). During this time, recruiters were active in over 60 nations, with most companies recruiting and most U.S. hospitals hiring FENs from the Philippines, India, and Canada.

A 2007 study performed by members of this research team, found that FENs working in the United States experienced labor, contract, and immigration problems. FENs did not receive copies of their contracts, did not understand them, and had contracts modified without their consent. FENs were also subject to breach of contract penalties – in some cases as high as $35,000 - if they severed contracts in advance of the 18 to 36 month completion period. Other problems included withholding of legal documents by recruiters, such as passports and certifications, and the use of collateral and other fees in contracts (Pittman et al., 2010).

Following that study, a range of stakeholders, including recruiters, hospital associations, unions, and professional associations, came together to develop standards for international RN recruitment. The resulting standards, called the *Voluntary Code of Ethical Conduct for the Recruitment of Foreign-Educated Health Professionals to the United States* (Code) calls for recruitment to be conducted in a manner that 1) respects the migrants themselves, 2) supports their clinical and cultural integration so that they can practice high quality nursing, and 3) avoids harm to source countries' health systems (Alinsao et al., 2007). The Code sets minimum standards in recruitment and in clinical and cultural orientation programs. It also provides

guidance relating to the mitigation of harm to low income nations with health workforce shortages, including ways that companies can develop educational and economic programs that help "give back" to low income source countries.

In order to quantify the problems experienced by recruited FENs, we conducted a survey of FENs who had received a VisaScreen® between 2003 and 2007.[2] The survey was designed to focus on recruiting practices identified as problematic in previous research. Using the Code as a conceptual framework, we examined the frequency of FENs experiencing specific negative recruitment practices addressed in the Code and compared nurses from high-income countries (HICs) to nurses from low-income countries (LICs) to see if there were differences in their likelihood of experiencing problems.

New Contribution

Building on previous qualitative research, this is the first study to systematically quantify international nurse recruitment abuses and to compare nurses educated in high income and low income countries. We focus specifically on those FENs who were actively recruited from abroad, differentiating them from those who migrate on their own without a financial arrangement with a recruiter. We also examined the association of recruitment abuses with specific recruitment models.

Methods

The best data on the total number of FENs who entered the United States between 2003 and 2007 is the 2008 National Sample Survey of RNs (US DHHS, 2010). We estimate that 52,382 FENs living in the United States were first licensed between 2004 and 2008. An

alternative count is the 66,463 FENs who received a VisaScreen® certificate from CGFNS International, Inc. A VisaScreen® is required for migration, but does not in itself mean that a nurse has necessarily entered the United States.

We derived our sample from the VisaScreen® base, as CGFNS International, Inc. is the only national organization that maintains contact information for FENs. We drew a twenty-percent random sample from a population of 38,700 foreign-educated health professionals who had received a VisaScreen® between 2003 and 2007, whose email addresses were available, and who had not been previously surveyed by CGFNS. This sample included RNs, licensed practical nurses, and non-nurse health professionals. The non-RN allied health professionals comprised less than 9 percent of VisaScreen® holders. In the sampling frame, 79.1 percent were RNs, and of those sampled, 78.9 percent were RNs (Table 1).[3]

In 2008, an invitation to a retrospective Web-based survey was emailed to 7,740 healthcare professionals of whom 6,104 were RNs. The platform for the survey was developed and maintained by Cvent, Inc. The survey was preceded by a pilot survey that allowed us to refine the formulation of questions in ways that would be clear to those for whom English is not a first language. The instrument was informed by the Code and asked questions about the recruitment process, contracting, employment, and orientation to the U.S. work environment. The survey was active for one month. The initial invitation to the survey was sent on September 4, 2008, with follow-up reminders sent by e-mail on September 18, September 25, and October 2. The survey closed on October 3, 2008. Responses were received from 1,664 VisaScreen® holders of whom 1,368 were RNs (22.4% RN response rate).

For this paper, we analyzed the data for respondents who met five criteria: 1) they were working in the United States at the time of the survey, 2) they reported whether they had been actively recruited, 3) they reported the country in which they had been educated, 4) they had not

been educated in the United States, and 5) they listed their profession as a registered nurse (RN). Of the 502 FENs who fit our analysis criteria, 342 (68.1%) reported being recruited and 160 (31.9%) reported coming to the United States on their own, which we term 'self-directed' (Table 1).

We categorized countries in which RNs were initially educated as "high income" (HIC) if the country where they received their health profession training had a per capita gross domestic product exceeding $20,000 U.S. dollars in 2009 (International Monetary Fund, 2010).[4] "Low-income" countries (LICs) were identified as having a per capita gross domestic product under $20,000 U.S. dollars in 2009. Over 68.3 percent of the FENs employed in the United States who reported their country of initial health education and recruitment status were educated in LICs; the remaining 31.7 percent were educated in high-income countries (HICs). Canadian nurses made up 87.4 percent of the HIC FEN sample (Table 1).

The objective of this study was to measure the frequency of Code violations and to understand how FEN experiences differed by country of education and type of recruitment model used. Our sample included both 'actively recruited' and what we have termed 'self directed' FENs in the United States. Study subjects were considered 'actively recruited' if they used one of three types of firms: a staffing agency, an intermediary "placement agency", or a health care organization (HCO) that recruits directly. "Self-directed' nurses found jobs in the United States on their own through the internet, through their own social networks, or came to the United States through a variety of visas and found work once here.

Our analysis is organized in three sections. First, we describe the overall FEN population and then divide it into self-directed and actively recruited FENs. Within those subsets, we look at the distribution of FENs by country of education, visa status, recruitment model, and breach

penalties. Second, we focus on the frequency of Code violations as they relate to recruited FENs' country of education. Lastly, we present a regression analysis that associates Code violations with the variables measured in the first section.

We used STATA 11 and STATA 12 to perform descriptive statistics and regression analysis to test if Code violations were associated with the income level of a FEN's country of education and their recruitment model. Differences in responses to binary questions and cross-tabulations were compared using chi-squared tests. Logistic and negative binomial regression analyses were performed on composite measures of poor recruitment practices. A simple binomial dependent (1= code violation) was used in the logistic regression to determine the association between Code violations and the controls. A count of total violations was also analyzed in a heteroskedastic-robust negative binomial regression, a variant of Poisson model that is typically used to address over-dispersion. This regression was not constrained by exposure as there should be no Code violations and thus the expected rate was zero.

Results

The majority of the FEN population reported they were recruited into their U.S. position. The recruited FEN experiences with visas and finding employment differ significantly from self-directed FENs. We found that nearly 43 percent of all FENs in our sample entered the United States with a permanent occupational visa (Green Card) and 25.9 percent entered the United States via a temporary nonimmigrant visa specific to the North American Free Trade Agreement (NAFTA) called a TN visa (Immigration.com, 2011).[5] FENs from LICs were significantly more likely to enter the United States with a Green Card and FENs from HICs were significantly more likely to enter under TN status, due to the large number of Canadians in our sample. Most

(58.8%) self-directed FENs entered the United States with other visas, such as dependent visas, lottery visas, student visas, tourist visas, the E series, H series, and J series. Over 61 percent of recruited FENs entered the United States with a Green Card and nearly 28 percent reported having TN status.

About 68.1 percent of FENs were actively recruited into their U.S. nursing position (Table 1). Among actively recruited FENs, 41.2 percent reported finding work through a placement agency, 20.8 percent found a position through a staffing agency, and the remainder (38.0%) was recruited directly by an HCO. FENs from HICs were significantly more likely to be recruited directly by an HCO than by a staffing or placement agency. FENs from LICs were significantly more likely to be recruited by a placement agency (Table 3). When we compared recruitment type to entry visa, no statistically significantly different distributions were found (data not shown).

In most cases, recruitment contracts lock FENs into an exclusive relationship with a recruiter regardless of the time it takes to obtain a work location and a visa. The contracts usually commit FENs to two to three years of work and many contracts include breach of contract penalties. The Code does not bar the use of these penalties. Recruiters and employers argued at the time that without these penalties, other recruiters and employers could poach FENs using better wages or high sign-on bonuses, leaving the original recruiter with the expenses of international recruitment. Previous work by this team found that recruiters may have direct costs as high as $8,000 USD if they cover immigration, credentialing and test fees, travel, and orientation programs. Breach penalties in excess of that amount appear to be more than just recoupment of costs and are aimed at deterring FEN mobility. The Code does affirm that recruiters and employers should not pursue breach penalties against FENs where they can

confirm that the contract termination was in good faith, i.e. the circumstances of the abandonment were beyond the control of the FEN.

Table 4 explores the relationship between breach penalties and the income level of the country of education. We found that over 61 percent of recruited FENs had breach penalties included in their contracts, although the amount of the penalty varied. Over half the nurses actively recruited from high income nations did not have penalty fees at all, compared to only a third of nurses recruited from LICs. FENs from LICs were significantly more likely to face higher breach penalties than those from HICs. Fourteen percent of recruited RNs educated in LICs reported they had contract penalties greater than $20,000, while none of the RNs from HICs reported breach penalties over $20,000 (Table 4).

Code violations were the main focus of our survey analysis and we found that over half of recruited FENs experienced a poor immigration, contract, or recruitment practice (Table 5). We found that about 51.5 percent of FENs experienced at least one Code violation and nearly a quarter experienced two violations or more (data not shown). Correlation analysis found statistically significant relationships among most of the violations, i.e., they occurred in clusters, with the exception of the contract being modified without consent (#7) (data not shown).

The Code requires that recruiters provide FENs with information in advance of entering the United States about the facility at which they are being recruited to work, as well as the position and duties they are being offered at that facility. We found that over 20 percent of recruited FENs did not know where they would work when they arrived in the United States and that all of those RNs were from LICs. However, only 2.5 percent of FENs reported they did not know the position for which they were recruited. Again, all those FENS were from LICs. When

asked about duties, 12.2 percent of FENS reported not being fully aware of and in agreement with the duties they would perform in their new U.S. position (Table 5).

The Code also prohibits the withholding of FENs' documents. Five percent of the recruited FENs reported their Green Cards, passports, certifications, permits, visas, or other official documents were withheld from them by recruiters or employers. All RNs reporting that documents were withheld were from LICs (Table 5).

The Code requires that recruiters allow FENs at least 48 hours to review contracts before signing, that recruiters give nurses a copy at the time of signing, and that a contract cannot be altered without consent of the nurse. While the majority of recruited FENs reported that they had sufficient time to review their contracts before signing, 16.3 percent reported they did not. About 13 percent of recruited FENs did not receive a copy of their contract at the time of signing. More HIC nurses (19.8%), than RNs recruited from LICs (10.3%) reported not receiving a copy of the contract and having insufficient time to review it. We found that 18 percent of recruited FENs reported their contract was modified without their consent; FENs from LICs experienced contract modification at a statistically significant higher rate (21.9%) than RNs educated in HICs (8.2%).

The Code prohibits charging FENs fees for recruitment services when payment for the same services is already being provided by an employer. While this survey does not allow us to verify that companies were double-charging for services, we found that over 17 percent of the recruited FENs reported that they had paid fees to their recruiters. FENs educated in LICs were significantly more likely to be charged such a fee (22% of LIC FENs and 5.8% of HIC FENs). In addition, 9.3 percent of FENs reported paying collateral to secure their contract, and of those that did, all were educated in LICs (Table 5).

The regression analysis confirmed that FENs educated in HICs were significantly less likely than FENs from LICs to experience a Code violation (OR=0.32, $p < 0.01$). HIC FENs experienced the absolute number of Code violations at a lower rate than LIC FENs (IRR=0.46, $p < 0.01$). FENs directly recruited by a HCO faced slightly lower odds of a Code violation (OR=0.43 $p < 0.05$) and we found weak support for an association between HCOs and fewer total Code violations than staffing or placement agency models (IRR=0.65, $p < 0.10$) (Table 6).

Discussion

Our analysis contributes new data and analysis to the increasingly important question of FEN migration to the United States. Despite the small sample size, this data represents the first quantification of the recruited FEN population. The analysis allowed us to measure the relative use of different types of recruitment models among this population and the frequency with which problems addressed in the Code were experienced by recruited FENs. Both our regression analyses and the descriptive findings revealed that FENs educated in LICs are more likely to experience a Code violation than those educated in HICs.

The counterfactual of how many of the nurses would have found their way to the United States on their own is impossible to know, but this study finds that most FENs are actively recruited from abroad by U.S. companies. Past interviews with recruiters suggested that the placement model was the dominant model and that the staffing and direct HCO models were growing (Pittman et al., 2010). Our findings confirm placement agencies are the most widely used, followed by HCOs, and staffing agencies.

We found that half of recruited FENs experienced at least one Code violation and that over a quarter experienced two or more violations. Verification that a large numbers of recruited

FENs experience these problems suggests that they represent a systemic problem. The fact that half of the recruited FENs did not experience a Code violation confirms that there are also companies that were in compliance with the Code, even before the Code was launched in 2008. Code-compliant recruiters will presumably want to find ways to distinguish themselves from competitors who engage in Code violations.

LIC FENs were found to be at higher risk of poor recruitment practice than HIC. The reason for this likely relates to market and information asymmetries. First, we find that HCOs most commonly recruited HIC FENs, and even after controlling for country of education, our regression analysis suggests that HCO recruited FENs are less likely to experience a Code violation than those recruited by either a staffing or placement agency. As our prior qualitative research suggested FENs prefer working with HCOs than with other recruitment models, LIC FENs maybe either denied access to HCOs or face non-preferential hiring from HCOs. Further research on the recruitment industry would be needed to determine if market conditions lead HCOs to recruit fewer LICs or if market conditions leave LICs vulnerable to agencies less likely to comply with international norms. Second, FENs from LICs may be less aware of their rights under U.S. law and may have less information about how the U.S. marketplace functions than nurses from developed nations. They may also have a more tenuous grasp of the English language, which could reduce their confidence levels when attempting to address contract violations. Because immigration barriers are higher for nurses coming from LICs and there is a wider differential between their earning potential at home and in the United States, LIC FENs may be less assertive in negotiations with recruiters than their HIC counterparts. The fundamental power imbalance between FENs in LICs and recruiters is not exclusive to the nursing profession and has been identified as one of the problems in international labor

recruitment affecting both low and high skilled workers (Goldstein, Howe, & Tamir, 2010; Dept. for Professional Employees, 2009; Costa, 2011).

Study Limitations

The study's most important limitation concerns the generalizability of the sample. First, our overall response rate was low (22.5%), although this is typical of on-line surveys, most of which have response rates of 10-15 percent (Manfreda, et al., 2008). Second, our sample frame was derived from VisaScreen® Certificates, which do not indicate whether a nurse has successfully entered the United States. The distribution of the countries of education for the overall RN response matches well to countries of education for the sampling frame of nurses who received VisaScreen® Certificates. However, the VisaScreen® Certificate sampling frame and our sample included more Canadians and fewer Filipinos than the NSSRN suggests entered and began working in the United States during our study period (data not shown).

The higher proportion of Canadian respondents may be because they trust the confidentiality of internet surveys, while nurses from LICs may fear reprisals if they complain about recruiters. If this is the case, the oversampling of HIC FENs would understate the magnitude our findings. Given the difference between high and low income countries with regard to both the percent of FENs actively recruited and the level of Code violations, the actual percent of FENs actively recruited and the frequency of Code violations may be higher than we found in our study.

Other potential limitations of the study also concern the dataset. The data are retrospective and required some FENs to remember what occurred to them up to five years prior to the survey. As with all retrospective surveys, respondents may have poor memories of their

experience and may under-report adverse events. Additionally, the survey did not collect FEN demographics and educational status, limiting our regression analysis to very few independent variables. As a result, our regression analysis may suffer from omitted variable bias.

Policy Implications

If, as analysts predict, the U.S. nursing shortage returns in the near future, there will likely be another surge of active international recruitment (Buerhaus, Auerbach, and Staiger, 2009). When that happens, both private and governmental actors will need to reform practices to ensure that international recruitment does not lead to a period in which newly arrived FENs, particularly those from LICs, suffer unethical treatment in the marketplace.

The experiences of recruited FENs indicate there is a need for oversight of the recruitment process. While new regulations have been issued by the Department of Labor for recruitment of unskilled temporary workers ("Temporary Agricultural Employment", 2011), contracts between recruiters/employers and skilled international workers who are entering with TN visas and Green Cards are far less regulated. One way to address this situation is to encourage recruiters and employers themselves to adopt the practices embodied in international and domestic agreements, such as the WHO Code and the U.S. Voluntary Code. As of May 2011, three recruitment companies have subscribed to the U.S. Voluntary Code and in exchange for certification (and the market advantage it provides), they have agreed to be monitored for compliance through surveys of all the health professionals they recruit.[6] Ideally, as more companies subscribe, FENs' experiences with active recruitment will improve. While this market-based initiative is slowly making headway, some have argued that it is simply a first step and that ultimately such standards should be legislated (O'Brien and Gostin, 2008/2009).

Our findings suggest the need for additional outreach and education to FENs seeking to migrate to the United States. In particular, LIC FENs need better information about their rights under U.S. law and their options in an evolving market place. Their rights include knowing who their employer will be and what duties their job will entail before committing to migrate, having access and time to carefully review contract conditions, refusing to allow contract changes without their approval, and refusing to allow recruiters to withhold legal documents. FENs should also be encouraged to "shop around" to find recruiters and employers who do not charge fees, require collateral, and who do not include breach of contract penalties.

Our study examined a period during which there was high demand for FENs in the United States. Currently, a combination of the 2008 recession and the delay in the processing of Green Cards has dramatically impacted the U.S.–based international recruitment industry with only the largest companies surviving. Although the economic recession temporarily diminished the demand for FENs in the United States, most experts believe that the aging of the nurse workforce and the expansion of health care coverage under the Affordable Care Act (ACA) will produce yet another nurse shortage, which will be even larger and longer than previous shortages (Buerhaus, 2009). When this happens, FEN recruitment will likely return and, this time, health care leaders, nurse organizations and government officials should be more prepared.

[1] "Active recruitment" refers to the use of overseas job fairs, advertising, and visits to schools and hospitals to encourage FENs to contract with a recruiter or an employer who in turn will sponsor them, or find a sponsor, who will petition the U.S. government for an immigration visa on their behalf.

[2] Section 343 of the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) requires that certain health care professionals educated outside of the United States, including RNs, complete the VisaScreen® prior to receiving a temporary or permanent occupational visa (including H-1B, H-2B, TN and permanent resident alien visas).The screening includes an assessment of an applicant's foreign education to ensure that it is comparable to that of a U.S. graduate in the same profession; verification that the applicant's licenses are valid and unencumbered; determination of English language proficiency; and, in the case of registered nurses, verification that the nurse has either passed the CGFNS Qualifying Exam® or passed the NCLEX-RN®.

[3] Upon review of the survey population, approximately 3,365 (8.8%) of the population and approximately 718 (9.3%) of the sample surveyed did not have an identifiable health profession. Therefore the percentage of RNs in the population and sample should be a lower bound on the actual number of RNs.

[4] Country status reflects nominal per capita income of the home state or economic region. A country is a "high" income state in this study if the per capita income is greater than 20K USD. Data refer to the year 2009.

[5] TN status is available to Canadian and Mexican nationals who enter the United States to perform professional services in certain designated professions, including all medical professions. The TN category is preferred by immigrants over the H-1 category because: 1) there are no limits on the number of TNs that can be issued, while H-1Bs have a 65,000 cap; 2) the admission procedures are expedited; 2) the six-year limit on stay for H-1B aliens does not apply to the TN category (they may stay as long as they want so long as their work is still "temporary".)

[6] A list of certified recruiters and the certification process can be viewed on the Web site for the Alliance for Ethical International Recruitment Practices (www.fairinternationalrecruitment.org).

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Table 1: VisaScreen® Certificate Holding RN Population, Sample, and Respondents

	RNs + Allied Health Professionals	RNs who met criteria	
	N	N	% of all professions
Received a VisaScreen® (2003-2007)	73,057	66,463	91.0%
VisaScreen® holders who met criteria	38,700	30,383	79.1%
Sample	7,740	6,104	78.9%
Respondents	1,664	1368	82.2%
	RN Respondents	RNs who met criteria	
	N	N	% of RNs
Working in U.S. as RN	1368	629	46.0%
Reported initial healthcare education location	629	627	99.7%
Foreign-educated RNs	627	548	87.4%
Recruitment status known	548	502	91.6%
Recruited to U.S. position	502	342	68.1%
Not recruited to U.S. position	502	160	31.9%
Initial healthcare education in a high income county	502	159	31.7%
Initial healthcare education in a low income country	502	343	68.3%
Initial healthcare education in Canada	502	139	27.7%

Note: VisaScreen® Certificate Data Source: CGFNS, 2011.

Table 2: Visa Status

		Green card	H-1B	TN	Other/Unknown
All FENs***	*Percent*	45.8%	2.8%	27.9%	23.5%
High Income	*Percent*	6.3%	0.6%	83.7%	9.4%
Low Income	*Percent*	64.1%	3.8%	2.0%	30.0%
Observations	*# of Cases*	230	14	140	118
Self-directed FENs***	*Percent*	11.9%	1.3%	28.1%	58.8%
High Income	*Percent*	5.2%	0.0%	74.1%	20.7%
Low Income	*Percent*	15.7%	2.0%	2.0%	80.4%
Observations	*# of Cases*	19	2	45	94
Recruited FENs***	*Percent*	61.7%	3.5%	27.8%	7.0%
High Income	*Percent*	6.9%	1.0%	89.1%	3.0%
Low Income	*Percent*	84.7%	4.6%	2.1%	8.7%
Observations	*# of Cases*	211	12	95	24

*** indicates Pr<.01 of statistically significant differences in categories when comparing low income to high income FENs. Pearson chi-squared for All Fens = 362.3. Pearson chi-squared for self-directed FENs = 95.5. Pearson chi-squared for actively recruited FENs = 269.7.

Table 3: Recruitment Models by High and Low Income Country of Education

		Immigration Attorney	Family	Internet	Found work after arrived	Staffing Agency	HCO	Placement Agency
All FENs***	*Percent*	1.8%	2.0%	6.2%	21.9%	14.1%	25.9%	28.1%
High Income	*Percent*	1.8%	0.6%	13.2%	20.8%	17.0%	27.7%	18.9%
Low Income	*Percent*	1.8%	2.6%	2.9%	22.5%	12.8%	25.1%	32.4%
Observations	*# of Cases*	9	10	31	110	71	130	141
Self-directed FENs***	*Percent*	5.6%	6.3%	19.4%	68.8%	*	*	*
High Income	*Percent*	5.2%	1.7%	36.2%	56.9%	*	*	*
Low Income	*Percent*	5.9%	8.8%	9.8%	75.5%	*	*	*
Observations	*# of Cases*	9	10	31	11	*	*	*
Recruited FENs**	*Percent*	*	*	*	*	20.8%	38.0%	41.2%
High Income	*Percent*	*	*	*	*	26.7%	43.6%	29.7%
Low Income	*Percent*	*	*	*	*	18.3%	35.7%	46.1%
Observations	*# of Cases*	*	*	*	*	71	130	141

*** indicates Pr<.01 of statistically significant differences in categories when comparing low income to high income FENs.

** indicates Pr<.05 of statistically significant differences in categories when comparing high income and low income FENS.

Pearson chi-squared for all FENs = 29.6. Pearson chi-squared for self-directed=18.2. Pearson chi-squared for recruited=8.2.

Table 4: Breach of Contract Penalties by Country of Education

	Recruited FENs	Observations		High Income	Low Income
	Percent	*# of Cases*		*Percent*	*Percent*
RN reported breach penalty in contact**	61.1%	342		45.5%	67.6%
Penalty = <$1,000	5.6%	19		11.9%	2.9%
Penalty = $1,000-$10,000	25.4%	87		29.7%	23.7%
Penalty = $10,000-$20,000	20.2%	69		4.0%	27.0%
Penalty = >$20,000	9.9%	34		0.0%	14.1%
No reported penalty	38.9%	133		54.5%	32.4%
Average breach penalty reported**	$10,000-$20,000	342		$1,000-$10,000	$10,000-$20,000

** Indicates statistically significant difference between low income and high income FENs at (Pr<0.05). Pearson chi-squared for reported breach penalty= 14.6. Pearson chi-squared for average penalty reported=46.8.

Table 5: Code Violations Experienced by FENs Educated in High and Low Income Countries

	Recruited FENs	Observations		High Income	Low Income	Chi-squared
	Percent	*# of Cases*		*Percent*	*Percent*	
1. Immigration documents withheld by recruiter.** (q20)	5.0%	342		0.0%	7.1%	7.5
2. Did not know where they would work before arriving in U.S.** (q14)	20.7%	270		0.0%	28.9%	27.7
3. Did not know position they were recruited for. (q13)	2.5%	275		0.0%	3.55%	2.8
4. Did not know or agree to duties of their position. (q19)	12.2%	270		6.3%	14.7%	3.6
5. Did not review contract before signing.** (q7)	16.3%	282		25.7%	13.0%	6.4
6. Did not receive a copy of the contract. (q8)	12.9%	294		19.8%	10.3%	4.6
7. Contract modified without consent at any point in time.*** (q9a & q15)	18.0%	300		8.2%	21.9%	7.66
8. Paid recruiter fees.** (q11a)	17.3%	300		5.8%	22.0%	11.2
9. Provided collateral to guarantee commitment.** (q10a)	9.3%	302		0.0%	13.0%	12.3
Experienced at least one Code violation.***(issues)	50.6%	342		31.7%	58.5%	20.5

** Indicates statistically significant difference between low income and high income FENs at ($Pr<0.05$).

*** Indicates statistically significant difference between low income and high income FENs at ($Pr<0.01$).

Table 6: Association of Country of Education and Recruitment Method with Code Violations

	Summary Metric (1=Code Violated) Logit Odds Ratios Robust SE	Summary Metric (Count of Code Violations) Neg. Binomial Incidence Rate Ratios Robust SE
HIC	0.321***	0.458***
	(-4.29)	(-4.19)
HCO	0.428**	0.649*
	(-2.78)	(-2.35)
Placement Agency	0.691	0.850
	(-1.26)	(-1.00)
Observations	342	342
Likelihood ratio $\chi 2$ test++	NA	36.82

Exponentiated coefficients; *t* statistics in parentheses

++ indicates chi-squared test from non-robust, negative binomial regression. DOF=4.

$^{+}$ $p < 0.10$, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$